



OFFICIAL COMMUNICATION

5775 Morehouse Drive
San Diego, CA 92121
Fax: (858) 658-2502

RECEIVED
CENTRAL FAX CENTER

AUG 22 2005

Facsimile Transmittal

DATE: August 22, 2005

TO: Amendment
Commissioner for Patents

ATTN: Examiner: Lewis G. West
Art Unit: 2682

FAX NUMBER: (703) 872-9306

FROM: Jae-Hee Choi, Attorney for Applicant
Registration No. 45,288

Total Number of Pages Sent: 18 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 030231

ENCLOSED ARE:

- Amendment (10 pages)
- Transmittal (1 page, in duplicate)
- Replacement Drawings (4 pages)
- Marked up copy of original drawing (1 page)

APPLICANT: Steenstra et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 10/670,078

FILED: September 23, 2003

FOR: NON-WIRELESS COMMUNICATION USING SOUND

Please contact Kate Lane at (858) 658-2047 if all pages do not transmit.

Special Instructions: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you!

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 030231
In Re Application of: Steensra et al.
Serial Number: 10/670,078
Filed: September 23, 2003
Examiner: Lewis G. West
Group Art Unit: 2682

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entry Fee | Fee Paid |
|--|--|---|------------------------|---------------------------------------|----------|
| Total* | 28 | 29 | 0 | x \$50 = | \$0 |
| Independent** | 8 | 9 | 0 | x \$200 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$0 |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$120 |
| | | | | <input type="checkbox"/> Two Months | \$450 |
| | | | | <input type="checkbox"/> Three Months | \$1020 |
| TERMINAL DISCLAIMER | | | | \$130 | \$0 |
| | | | | TOTAL FEE | \$0 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 22, 2005

Signature: _____

Jae Lee Choi, Reg. No. 45,288
(858) 65105469

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: August 22, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Kate Lane
(type or print name)

Signature: _____

(TRANSAMD.VER1.13-04/30/04)

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 030231
In Re Application of: Steenstra et al.
Serial Number: 10/670,078
Filed: September 23, 2003
Examiner: Lewis G. West
Group Art Unit: 2682

DUPLICATE

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entry Fee | Fee Paid |
|--|--------------------------------------|--|------------------|---------------------------------------|----------|
| Total* | 28 | 29 | 0 | x \$50 = | \$0 |
| Independent** | 8 | 9 | 0 | x \$200 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$0 |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$120 |
| | | | | <input type="checkbox"/> Two Months | \$450 |
| | | | | <input type="checkbox"/> Three Months | \$1020 |
| TERMINAL DISCLAIMER | | | | \$130 | \$0 |
| | | | | TOTAL FEE | \$0 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 22, 2005

Signature: _____

Jae Lee Choi, Reg. No. 45,288
(858) 65105469QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: August 22, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Kate Lane
(type or print name)

Signature: _____

(TRANSMAMD.VER1.13-04/30/04)

Attorney Docket No. 030231

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

RECEIVED
CENTRAL FAX CENTER

AUG 22 2005

In Re Application of

Steenstra et al.

Serial No. 10/670,078

Filed: September 23, 2003

)
) For: NON-WIRELESS
) COMMUNICATION USING
) SOUND
)
)

) Group No. 2682

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 20, 2005, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: August 22, 2005

FACSIMILE

☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Kate Lane
(type or print name)

Signature: Kate Lane